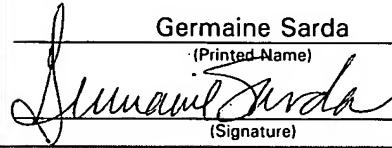


US PTO
03945 10/697351
102903


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kenneth F. Buechler
 Title: DIAGNOSTIC DEVICES AND APPARATUS FOR THE CONTROLLED MOVEMENT OF REAGENTS WITHOUT MEMBRANES
 Prior Appl. No.: 09/613,650
 Prior Appl. Filing Date: 07/11/2000
 Examiner: Unknown
 Art Unit: 1743

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL990322641US	October 29, 2003
(Express Mail Label Number)	(Date of Deposit)
	
Germaine Sarda (Printed Name)	
Germaine Sarda (Signature)	

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
 Commissioner for Patents
 PO Box 1450
 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

Continuation Division Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (65 pages).
- [X] Formal drawings (17 sheets, Figures 1-16B).
- [X] Copy of Declaration and Power of Attorney filed in parent patent application (3 pages).
- [X] Copy of Assignment of the invention to Biosite, Inc. filed in parent patent application, recorded on 10/14/2003 at Reel/Frame 014048/0892 (2 pages).
- [X] Application Data Sheet (37 CFR 1.76) (4 pages).
- [X] Return postcard.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total Claims:	7	- 20	= 0	x \$18.00 =	\$0.00
Independents:	1	- 3	= 0	x \$86.00 =	\$0.00
If any Multiple Dependent Claim(s) present:			+ \$290.00 =		\$0.00
			SUBTOTAL: =		\$770.00
[] Small Entity Fees Apply (subtract 1/2 of above):				=	\$0.00
			TOTAL FILING FEE: =		\$770.00
			TOTAL FEE =		\$770.00

- [X] Please charge Deposit Account No. 50-0872 in the amount of \$770.00 to cover the filing fee.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date October 29, 2003

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